

Review of compliance

<p>Midplant Limited Promenade Care Home</p>	
<p>Region:</p>	<p>North West</p>
<p>Location address:</p>	<p>10-12 Promenade Southport Merseyside PR8 1QY</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Located in Southport town centre, the Promenade Care Home provides accommodation and personal care for up to 49 people. Shared areas include a large dining room and lounge on the ground floor. Lift access is available for access to upper floors and lower ground floor. There is a large enclosed garden to the rear of the building. Both front and rear entrances have disabled access. A call system with an alarm facility</p>

	operates throughout the home.
--	-------------------------------

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Promenade Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 August 2012, talked to staff and talked to people who use services.

What people told us

As part of our inspection we spent time with people who shared with us their views and experience of living at the home. We also spoke with relatives who were visiting the home.

All the people we spoke with said the staff were pleasant, kind and caring. They said they did not have to wait long for support if they needed something. One person said "it is not like your home but the nearest thing". They told us the food was good and they got plenty to eat.

We spoke with relatives who said the standard of personal care was very good. A relative said "the home is brilliant. I never regretted picking it".

A programme of leisure and social activities was in place. People told us there were plenty of activities to choose from, with opportunities to go out in the local area and participate in organised coach trips.

What we found about the standards we reviewed and how well Promenade Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in

relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People living at the home were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

An effective system was in place to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spent time with 15 people who shared with us their views and experience of living at the home. We also spoke with relatives who were visiting the home at the time of our inspection.

All the people we spoke with said the staff were pleasant, kind and caring. One person said "it is not like your home but the nearest thing." We heard from a relative that, "The staff are really friendly; it is not put on".

People living at the home were aware of who their keyworker (member of staff responsible for ensuring a person's care and support needs are met) was and told us they were involved in planning their care. Relatives informed us that they have been kept informed of any changes to care plans and have been invited to sign care plans.

People said that the food was good and they got plenty to eat. One person ate a vegetarian diet and they told us they received meals to their liking which met their dietary needs. We noted that a menu was displayed and people said three choices were available at each meal.

We observed that meals were served on side plates and some of the people told us

they would prefer their meal on a bigger plate. We discussed this with management who told us that three different size plates are used at mealtimes depending on each person's preferred portion size. Management planned to look into the matter that day but did say that this may have been an oversight as the regular chef was not on duty.

The majority of people were pleased with the laundry service and said their clothes were laundered with care and in a timely way. A small number of people were not happy with the service and said they often had to wait longer than expected for their clothes to be returned and sometimes received items belonging to other people. We discussed this with management who planned to look into it that day.

Most people said they could have a key to their bedroom if they wished. One person said they were told they could not have a key. We discussed this with management who said keys were available to all the bedrooms and people signed a form when they moved into the home to say whether they required a key or not. The care records we looked at confirmed this. Management said they periodically reviewed with people who had declined a key whether they had changed their mind. These reviews regarding choice around bedroom keys were not documented.

People told us there were plenty of activities to choose from in the home, with opportunities to go out in the local area and participate in coach trips to places of interest. They said they enjoyed the wide range of activities. We also heard that people were supported with religious observance and could attend local places of worship if they wished. Local clergy also visited the home on a regular basis.

People told us that they have attended meetings to discuss the service provided. Relatives and people living at the home said they have been invited to complete questionnaires to provide feedback on the service.

Other evidence

During our visit to the home we spent time with people when they were having their lunch. We observed that staff treated people with dignity and respect. They took the time to engage with people and responded to people's request in a timely way. Any delays with meeting requests were explained to the person.

We looked at the care records for three people living at the home. The assessment process was person centred and took account of people's past life history, particular social interests and preferred routines. Care plans and other relevant documentation were signed by the person they were about which demonstrated that the person was involved in the planning of their care and support. We observed from the care records that people had signed to say what their requirements were in the event of a medical emergency.

Advance decision plans were in place for people and these were signed by the person or their representative. We observed that one person living at the home completed the form in full themselves.

We could see from the care records that advocacy was involved for one person. Advocacy services provide independent support for people with expressing their views and ensuring their rights.

The activities programme was displayed in the foyer. A team of four staff facilitated the activity programme, including activities within the home and trips out. We spoke with the activity coordinator who described developing the activity programme based on people's preferences. We heard that feedback has been requested after each trip out to see if people enjoyed it.

The activity coordinator facilitated the resident's meetings and displayed a notice two weeks before the meeting informing people of the date and time. We looked at the meeting minutes from April 2012 and July 2012 and noted that the menus, mealtimes, laundry service and trips out were discussed. We observed that a suggestion box was located in the foyer.

We noted that the complaints procedure was displayed on the notice board for people living at the home.

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The people living at the home we spoke with said the staff were caring and attentive. People said they did not have to wait long if they needed something.

We spoke with relatives who said the standard of personal care was very good. A relative said "the home is brilliant. I never regretted picking it".

Other evidence

The three care record files we looked at were organised in a systematic way which made it easy to locate specific documentation. An assessment of need following admission to the home provided detailed information about the person's health and social history, and current needs. A dependency assessment was completed for each person and it took into account a wide range of physical, social, mental health and personal care needs. Risk assessments were in place, some of which included a pressure ulcer assessment, falls assessment and mobility assessment.

Care plans were developed which reflected the person's assessed needs. They included clear actions for staff to follow to meet each person's individual needs. In addition, we observed short term care plans in place for people who were taking medication, such as antibiotics. Some people managed their own medication and there were clear risk assessments and plans in place to support this. A record was maintained each day and night of the support people received and any changes to their care.

The home was in the process of introducing a plan for each person which outlined the person's preferred daily and night routine. We looked at a completed one for a person with no verbal communication. It was person-centred and provided clear detail about how the person wished to be supported through the day and night.

The records informed us that the home sought the involvement of health and social care professionals when required. A record of the outcome of consultations with professionals was maintained.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The majority of people we spoke with felt safe in the home and said that staff were kind and caring.

One person told us that another person living at the home had, on a few occasions, come into their bedroom in the middle of the night. The person said they did not like this and found it frightening. We discussed this with management who told us they were in the process of addressing it and had involved social services. Although the care records showed that the person had previously refused a key to their bedroom, management planned that day to offer the person the option of a key.

Other evidence

The home had a safeguarding policy in place which was reviewed in January 2012. It took account of national guidance such as 'No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)' and the Mental Capacity Act (2005).

A copy of the Sefton area adult safeguarding procedure was available at the home. The provider may find it useful to note that the procedure was not up to date as Sefton reviewed its adult safeguarding policy and procedural framework in 2011.

The staff we spoke with had a good understanding of what constituted a safeguarding concern and were aware of the arrangements to report a concern.

Training records informed us that the majority of staff were up to date with adult safeguarding training. There were a small number of staff who were due refresher training and management had plans to address this. The staff we spoke with confirmed they had received the training.

Our judgement

The provider was meeting this standard.

People living at the home were protected from abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with people living at the home but their feedback did not relate to this outcome.

Other evidence

We spoke with staff who were working on the day of our inspection. The home was described as a nice place to work because the staff team work well together. They said the staffing levels were sufficient to meet the needs of the people living there. We heard the staff team has received good support from management and received good quality training.

We looked at the training matrix (monitoring record for staff training) which informed us that, in the main, the staff team was up-to-date with mandatory training. Management confirmed that further training was planned to address any gaps. The National Vocational Qualification (NVQ) records had not been updated to take account of staff who had recently achieved an NVQ. However we could see from the records that over 60% of staff held an NVQ at either level 2 or above. One of the senior care staff had achieved an NVQ at level 5.

We also heard that staff receive training in addition to the mandatory training. Staff told us they had received training in dementia care, Parkinson's disease, challenging behaviour and the Mental Capacity Act (2005).

An induction process was in place for new staff working at the home. We heard from staff that the induction involved a range of training and shadowing a more experienced

member of staff until the new member of staff felt confident in the role.

Staff informed us that they receive formal individual supervision every three months. Access to the supervision records confirmed this and showed that staff last had supervision in June 2012. Staff also informed us that they had received an appraisal in the last 12 months. We heard from staff that team meetings are held on a regular basis.

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Some of the people we spoke with told us that they represented the people living at the home at the quality committee meetings.

Other evidence

The provider commissions an independent organisation to carry out an annual quality audit of the home. The purpose of the audit is to assess the standards of care and facilities. The audit incorporates a resident/relative satisfaction survey. We observed that the outcome of the 2011 satisfaction survey was displayed in a shared area of the home. We had access to the audit report which confirmed an overall positive outcome for the service.

A range of internal structures and processes were established for monitoring the quality of the service.

A framework of organisational policies and procedures, reviewed in 2012, were available for staff to access. The policies had been mapped to Care Quality Commission's (CQC) 16 essential standards of quality and safety.

A complaints process was in place for recording and managing complaints. We looked at the last complaint received in March 2012 to check how it was managed in practice. We observed that the complaints form took account of the nature of the complaint and any action taken. The investigation report into the matter was thorough and detailed.

An accident book was in place. The forms related specifically to accidents such as falls. We looked at the book and observed that each form included sufficient detail and outlined any action taken. A separate process was in place to record general incidents. In addition, a form was in place to record incidents related to challenging behaviour. These separate processes for recording accidents and incidents seemed disjointed and we discussed with management whether the system required a review to ensure it prompted staff to record all incidents, even those that did not involve an accident.

A comprehensive audit programme was in place which was linked to CQC's 16 essential standards of quality and safety. We looked at this and, in particular, focussed on the customer satisfaction survey outcome. Management explained that the provider undertakes its own survey and a survey is also undertaken as part of the independent quality audit. We asked management about how some of the feedback comments were addressed and heard that the manager approached each person to discuss any concerns they raised via the surveys.

Records informed us that medication audits were undertaken each month by senior care staff. In addition, the pharmacy that provided the home with medication undertook an annual audit of how medication was handled. We noted that the audit from April 2012 made no recommendations. Management informed us that the GP practice reviews the medication on an annual basis for all the people living in the home. We were shown a letter (May 2012) from the GP practice which confirmed this arrangement.

We observed that health and safety audits were carried out on a monthly basis. Equally, records demonstrated that fire safety assessments were undertaken each month. We noted that both a hygiene audit and kitchen was undertaken in June 2012. Care plans were reviewed monthly and we had access to the care plan audit undertaken in July 2012.

Meetings for people living at the home were held on a monthly basis. We looked at the meeting minutes from July 2012 and observed that the laundry service, menus and trips out were discussed. We were informed that people living at the home have the opportunity to participate in the quality committee for the home. People living there could vote for who they wished to represent them on the committee.

Senior staff meetings were held on a regular basis and we had access to the meeting minutes from August 2012. We observed that staffing, care plans and training were discussed. We looked at the health and safety meeting minutes from June 2012 and observed that the safety of wheelchairs, security of the kitchen and staffing levels for coach trips were discussed.

Our judgement

The provider was meeting this standard.

An effective system was in place to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA